

EVIDENCE OF FIRST HOLY COMMUNION

This is to certify that (child's name in full)

D.O.B. of (address in full)

.....

made her First Holy Communion on (date)

at (name and address of parish)

.....

You must complete either Part 1 or 2

1. * I enclose a copy of her Remembrance of First Holy Communion tick

or

2. *Signature of Parish Priest of Parish of Holy Communion

Parish Stamp of Parish of Holy Communion

Date

This form should be returned directly to the Headmaster at St. Michael's by the closing date: **Tuesday 11th July 2017.** Failure to complete it or return it would prevent the Governors applying their Admissions Criteria to your Application for a place at St Michael's for your daughter.

*Please delete as necessary